

Case Number:	CM15-0035733		
Date Assigned:	03/04/2015	Date of Injury:	09/19/2000
Decision Date:	04/15/2015	UR Denial Date:	02/22/2015
Priority:	Standard	Application Received:	02/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female, who sustained an industrial injury on 09/19/2000. The diagnoses have included mild degenerative changes at C3-C4, C4-C5, C5-C6, and C6-C7 levels, degenerative changes at L3 through S1 levels, Chronic bilateral C5-C6 radiculopathies, and chronic right C7-C8 radiculopathy. Noted treatments to date have included injections and medications. Diagnostics to date have included MRI of the lumbar spine on 05/19/2014 demonstrates L3 through S1 degenerative changes without significant central or foraminal stenosis per progress note. In the same progress note dated 12/18/2014, the injured worker presented with complaints of neck and low back pain. The treating physician reported that the injured worker has marked limitation on range of motion as she stated is caused more pain. Utilization Review determination on 02/19/2015 non-certified the request for Tramadol 50mg #45 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with neck, shoulder, and lower back pain rated 8/10. Patient also reports numbness and tingling in the bilateral upper and lower extremities. The patient's date of injury is 09/19/00. Patient has no documented surgical history directed at these complaints. The request is for Tramadol 50mg #45. The RFA is dated 02/02/15. Physical examination dated 02/02/15 notes tenderness to palpation of the bilateral cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanteric bursa, knees, and shoulders. Treater also notes bilaterally positive straight leg raise test, Patrick's test, facet loading test, and Spurling's test. The patient is currently prescribed Gabapentin, Ibuprofen, and Capsaicin cream. Diagnostic imaging was not included. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain."In regard to the request of Tramadol for the management of this patient's chronic pain, treater has not provided inadequate documentation of prior opioid efficacy. Per progress note dated 11/05/14, patient was using Norco for pain until the medication was denied, at which point the treater prescribed Tramadol which was subsequently denied as well - owing to a lack of 4A's documentation for the patient's Norco. Most recent progress note dated 02/02/15 continues to seek authorization of Tramadol. Though this note does provide some documentation of pain relief, it does not include specific functional improvements attributed to previous narcotic medications. Treater also does not provide an initial or repeat consistent drug screen results or specifically address aberrant behavior. Given the lack of complete 4A's documentation as required by MTUS for this patient's previous opiate medications, the request for Tramadol initiation cannot be substantiated. The request IS NOT medically necessary.